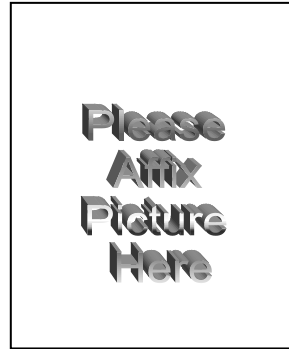


# UNIVERSITY OF PENNSYLVANIA

## School of Dental Medicine

Office of Global Affairs  
240 S. 40th Street  
Philadelphia, PA 19104-6003  
Phone: 215-898-4927



### APPLICATION FOR INTERNATIONAL EXTERNSHIP/ELECTIVE

Name: \_\_\_\_\_

Last Name

First Name

Middle Initial

Birthdate (Month/Day/Year): \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

School Telephone Number: \_\_\_\_\_

School Fax Number: \_\_\_\_\_ Other Fax Number: \_\_\_\_\_

Year in Dental School: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Name and Phone Number of contact person In United States (If applicable):

\_\_\_\_\_

#### **Proposed Arrival/Departure Date:**

First Choice: Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Second Choice Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Third Choice: Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Areas of special interest during Elective (Students are permitted observational study only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[This Section to Be Completed by the Dean or Faculty In Charge of Student's Elective]

I certify that the above student is in good standing with our school and has completed accurately all forms required by the UPENN School of Dental Medicine. Therefore he is granted permission to undertake his/her elective at the University of Pennsylvania, School of Dental Medicine.

Name of School Dean or Designated Official (Please Print): \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_